

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET  
NUMBER  
**PHARMA 123**

As a below named inventor, I hereby declare that:

JAN 16 2002

PATENT TRADEMARK OFFICE USPTO

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DIOXOLANE ANALOGS FOR IMPROVED INTER-CELLULAR DELIVERY**

the specification of which (check only one item below):

- is attached hereto.  
 was filed as United States application

Serial No. \_\_\_\_\_

on October 15, 2001

and was amended

on \_\_\_\_\_ (if applicable).

- was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_,

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under Title 35, United States Code, § 119 or 365 (b) of the following United States provisional application(s) and of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/288,424	May 4, 2001	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
United States	60/239,885	October 13, 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); James E. Ruland (37,432); Nancy Axelrod (44,014); Jennifer J. Branigan (40,921); Robert E. McCarthy, (46,044); and Jonathan G. Brown (47,451) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. 23599

Telephone No.  
703/243-6333

Direct Telephone Calls to:  
703-812-5308



23599

PATENT TRADEMARK OFFICE

**Combined Declaration for Patent Application and Power of Attorney (Continued)**  
 (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER  
**PHARMA 123**

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	Giorgio	STATE OR FOREIGN COUNTRY
	POST OFFICE ADDRESS	STREET	Quebec	Canada
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	Boulos	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	STREET	Quebec	H7K 3M1 Quebec, Canada
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	Rabindra	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	Quebec	Canada
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	Jean-Francois	STATE OR FOREIGN COUNTRY
	POST OFFICE ADDRESS	STREET	Quebec	Canada
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	Louis	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	Quebec	Canada
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	Réal	STATE OR FOREIGN COUNTRY
	POST OFFICE ADDRESS	STREET	Quebec	Canada
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	Sophie	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	STREET	Quebec	H1E 1A3, Quebec, Canada
				COUNTRY OF CITIZENSHIP
				Canada
				STATE & ZIP CODE/COUNTRY
				J7N 1V3, Quebec, Canada

**Combined Declaration for Patent Application and Power of Attorney (Continued)**  
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<b>2 0 8</b>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
<b>2 0 9</b>	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	DATE Nov 8, 2001	SIGNATURE OF INVENTOR 207 	DATE 6 Nov 2001
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203 	DATE Nov 6, 2001	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204 	DATE Nov 7, 2001	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205 	DATE 6/11/2001	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206 	DATE Nov 6, 2001	SIGNATURE OF INVENTOR 212	DATE

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**Combined Declaration for Patent Application and Power of Attorney (Continued)**  
 (Includes Reference to PCT International Applications)

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**PHARMA 123**

<b>2 0 1</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>Attardo</b>	FIRST GIVEN NAME <b>Giorgio</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Laval</b>	STATE OR FOREIGN COUNTRY <b>Quebec</b>	COUNTRY OF CITIZENSHIP <b>Canada</b>
	POST OFFICE ADDRESS	STREET <b>2740, rue Prudentiel</b>	CITY <b>Laval</b>	STATE & ZIP CODE/COUNTRY <b>H7K 3M1 Quebec, Canada</b>
<b>2 0 2</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>Zacharie</b>	FIRST GIVEN NAME <b>Boulos</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Laval</b>	STATE OR FOREIGN COUNTRY <b>Quebec</b>	COUNTRY OF CITIZENSHIP <b>Canada</b>
	POST OFFICE ADDRESS	STREET <b>3202, Honore de Balzac</b>	CITY <b>Laval</b>	STATE & ZIP CODE/COUNTRY <b>H7P 5Y3 Quebec, Canada</b>
<b>2 0 3</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>Rej</b>	FIRST GIVEN NAME <b>Rabindra</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Montreal</b>	STATE OR FOREIGN COUNTRY <b>Quebec</b>	COUNTRY OF CITIZENSHIP <b>Canada</b>
	POST OFFICE ADDRESS	STREET <b>2150, rue Mackay, App. 1105</b>	CITY <b>Montreal</b>	STATE & ZIP CODE/COUNTRY <b>H3G 2M2 Quebec, Canada</b>
<b>2 0 4</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>Lavallée</b>	FIRST GIVEN NAME <b>Jean-Francois</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Mille-Isles</b>	STATE OR FOREIGN COUNTRY <b>Quebec</b>	COUNTRY OF CITIZENSHIP <b>Canada</b>
	POST OFFICE ADDRESS	STREET <b>28, Chemin Scraire</b>	CITY <b>Mille-Isles</b>	STATE & ZIP CODE/COUNTRY <b>J0R 1A0 Quebec, Canada</b>
<b>2 0 5</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>Vaillancourt</b>	FIRST GIVEN NAME <b>Louis</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Mascouche</b>	STATE OR FOREIGN COUNTRY <b>Quebec</b>	COUNTRY OF CITIZENSHIP <b>Canada</b>
	POST OFFICE ADDRESS	STREET <b>2869, Desportes</b>	CITY <b>Mascouche</b>	STATE & ZIP CODE/COUNTRY <b>J7K 38J Quebec, Canada</b>
<b>2 0 6</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>Denis</b>	FIRST GIVEN NAME <b>Réal</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Montreal</b>	STATE OR FOREIGN COUNTRY <b>Quebec</b>	COUNTRY OF CITIZENSHIP <b>Canada</b>
	POST OFFICE ADDRESS	STREET <b>7250, boul. Gouin est, App. 06</b>	CITY <b>Montreal</b>	STATE & ZIP CODE/COUNTRY <b>H1E 1A3, Quebec, Canada</b>
<b>2 0 7</b>	FULL NAME OF INVENTOR	FAMILY NAME <b>Lévesque</b>	FIRST GIVEN NAME <b>Sophie</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Mirabel</b>	STATE OR FOREIGN COUNTRY <b>Quebec</b>	COUNTRY OF CITIZENSHIP <b>Canada</b>
	POST OFFICE ADDRESS	STREET <b>8290, du Labour</b>	CITY <b>Mirabel</b>	STATE & ZIP CODE/COUNTRY <b>J7N 1V3, Quebec, Canada</b>

**Combined Declaration for Patent Application and Power of Attorney (Continued)**  
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	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202 <i>Bob Zacky</i>	DATE <i>November 6, 2001</i>	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE